

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

Nucynta ER (tapentadol extended release)

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Pharmacy NPI#: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED
FORM TO 855-828-4992**

CRITERIA:

- Minimum age requirement: 18 years old
- Description trial and failure of at least two analgesic therapies
- No concurrent treatment with monoamine oxidase inhibitors
 - e.g. deprenyl, isocarboxazid, phenelzine, rasagiline, selegiline, tranylcypromine
- No concurrent treatment with mixed agonist/antagonist opioid analgesics, or opioid antagonists
 - e.g. buprenorphine/naloxone (Suboxone®), naloxone (Narcan®), naltrexone (Vivাত্রol®)

AUTHORIZATION:

The initial prior authorization will be approved for one year

RE-AUTHORIZATION:

Subsequent prior authorizations will be given in one year increments, upon submission of a letter of medical necessity

04/07/2012

<http://health.utah.gov/medicaid/pharmacy>